

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/554793

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		3		1			55						
6		0					56						
7		0		1			57						
8		0					58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	11		5				TOTAL DEP.						
TOTAL CLAIMS	12		6				TOTAL CLAIMS						